

THE MEADOWS AT SUGARMILL HOA, INC.

NOTICE OF RENTAL/LEASE SECURITY FORM

We need your name(s) as it will appear on the Lease Agreement along with your mailing address.
Please mail completed form at least nine (9) days prior to move-in.

Date of Lease: _____ UNIT#: _____

Name(s) as appears on lease: _____

Mailing Address: _____

Phone#: _____ Cell #: _____ Work#: _____

Email: _____

Name of other Occupants and Relationship:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I Case of Emergency Contact:

Name: _____ Phone#: _____

I (we) hereby acknowledge by my (our) signature (s) that I (we) have received a copy of the Associations Declaration of Covenants, Conditions, and Restrictions and will abide by all the restrictions contained in them, and other governing documents that are currently or may be amended from time to time.

Signature

Printed Name

Date: _____

Signature

Printed Name

Date: _____

Please return to: Atlantic Community Association Management & Accounting, Inc.
507-C Herbert Street, Port Orange, FL 32129
386/760-7365 office - 386/756-3454 fax
www.atlanticcama@gmail.com